



State of North Carolina
Department of Health and Human Services
Division of Facility Services

Ground Vehicle Inspection Report

Date: _____

Location: _____



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: _____ Provider #: _____

System Affiliation: _____ EMS System _____ Model _____ System Name: _____

VEHICLE INFORMATION

Current Permit #: _____ Vin #: _____ Year: _____ Make: _____

Vehicle Type: _____ 2 X 4 _____ 4 X 4 _____ Assigned Vehicle Number: _____ Fuel Type: _____ Gas _____ Diesel

Proposed Operational Level: _____ EMT _____ EMT-Intermediate _____ EMT-Paramedic _____ Purpose of Inspection: _____ Permitting _____ Compliance

PERMITTING INSPECTION

Ground Vehicle Inspection Section A: Mandatory Items

- _____ **Vehicle Body & Function**
- _____ **Emergency Lighting System**
- _____ **Emergency Siren**
- _____ **Two-Way Radio**
- _____ **Interior Dimensions (min. 48" X 102")**
- _____ **Wheeled Cot w/ Security**
- _____ **Portable O2 Cylinder**
- _____ **O2 Regulator w/ adult & Pedi Mask**
- _____ **Portable suction device w/ tubing**
- _____ **Adult BV w/mask & tubing**
- _____ **Pedi BV w/ child & Infant mask plus tubing**
- _____ **External Defibrillator**
- _____ **Adult BP Cuff**

Missing any items in Section A results in
Summary Suspension or refusal of a permit

Section B: Five Point Deduction Items

- _____ Exterior Cleanliness
- _____ **Mounted Fire Extinguisher**
- _____ Flashlight w/ extra batteries
- _____ Backboard (Long)
- _____ Backboard Straps
- _____ Backboard head blocks
- _____ Adult & Pedi size C-collars
- _____ Adult Spinal Extrication device
- _____ Pedi Immobilization device
- _____ Adult Femur Traction Splint
- _____ Splints (Upper & Lower)
- _____ Patient Area Lighting
- _____ **Heating & Cooling Source**
- _____ Interior Cleanliness
- _____ OPA's (Adult & Pedi size)
- _____ Adult Nasal Cannula
- _____ Adult & Pedi Soft Suction catheter
- _____ Rigid Suction device
- _____ Sterile Saline Solution
- _____ Adult Stethoscope
- _____ Child BP Cuff
- _____ Infant BP Cuff
- _____ Sterile OB Kit
- _____ Masks
- _____ Eye Protection
- _____ Jump Suit / gown
- _____ Shoe Covers
- _____ Disinfecting Hand Wash
- _____ Disposable Bio Trash Bags
- _____ Sharps Container
- _____ Non-Sterile Gloves

Section B Continued:

- _____ Latex Free Equip. or Latex Free Kit
- _____ Burn Kit
- _____ Cold Pack
- _____ Broselow Tape
- _____ Car Seat Avail. To restrain < 20 lbs pedi

Section C: One Point Deduction Items

- _____ **Provider Name Displayed on each side**
- _____ **Reflective on all sides**
- _____ Stair Chair or Folding Stretcher
- _____ Equipment Secured
- _____ Nonporous Pillow w/ cover
- _____ Sheet
- _____ Blanket
- _____ Occlusive Dressing
- _____ Dressing
- _____ Bandages
- _____ Roll Gauze
- _____ Heavy Duty Scissors
- _____ Tape
- _____ Alcohol Wipes
- _____ Lubricating Jelly
- _____ NPA
- _____ Bulb Syringe
- _____ Triage Tags
- _____ Urinal
- _____ Bed Pan
- _____ Emesis Basin

Ground Vehicle Scoring

Section B: _____ X 5pts = _____

Section C: _____ X 1pts = _____

Total Score B & C: _____

Less than 40 points = Satisfactory

Greater than 40 points = Unsatisfactory

Section A or greater than 100 points = Summary
Suspension or refusal of permit

_____ **Deficiencies corrected during
Inspection**

Inspection Results

_____ **Pass**

Permit #: _____

Expiration: _____

Failed: _____ **Refusal of a permit**

_____ **Failed - Temporary**

_____ **Failed - Summary Suspension**

LEVEL SPECIFIC INSPECTION

EMT-I Inspection

(in addition to GVI)

Section D: Mandatory Items

- _____ **ET Blades (Adult & Pedi)**
- _____ **ET Handles w/ extra batteries**
- _____ **Adult ET tubes**
- _____ **Pedi ET tubes (2.5 - 6.5mm)**
- _____ **ET Tube stylette**
- _____ **ET placement device**
- _____ **Alternative airway device**
- _____ **IV administration drip set**
- _____ **IV catheters**

EMT-I Model Requirements

- _____ **Cellular phone**
- _____ **Pulse Oximeter**
- _____ **Non-steroidal anti-inflammatory**
- _____ **Supplies in date / temp controlled**

Section E: Fifteen Point Deduction

- _____ Albuterol
- _____ Aspirin
- _____ Crystalloid solution
- _____ Diphenhydramine
- _____ Epinephrine
- _____ Glucagon
- _____ Glucose solution
- _____ Narcotic antagonist
- _____ Nasal spray decongestant
- _____ Nitroglycerin
- _____ Nebulizer
- _____ IV arm board
- _____ IV start kit
- _____ IV pole or hook
- _____ Magill forceps
- _____ Glucose measurement

EMT-I Scoring

Total points Section B & C = _____

Section E: _____ X 15pts = _____

Total Score: _____

Section D or greater than 40 points =
refusal of approval

_____ **Deficiencies corrected during
Inspection**

Inspection Results

_____ **Approved** _____ **Not Approved**

EMT-P Inspection

(in addition to GVI and EMT-I)

Section F: Mandatory Items

- _____ **Monitor / Defib / Pacer**
- _____ **Monitor acces. (Ad & Pedi)**
- _____ **Pediatric IO**

EMT-P Model Requirements

- _____ **Monitor w/ 12-lead**
- _____ **Ad. & Pedi nasogastric tubes**
- _____ **Hypothermic thermometer**
- _____ **Anti-emetic**
- _____ **Beta blocker/Calcium Ch. Blocker**
- _____ **Phenothiazine**
- _____ **Magnesium Sulfate**
- _____ **Steroid preparation**

Section G: Fifteen Point Deduction

- _____ Adenosine
- _____ Amiodarone or Lidocaine
- _____ Atropine
- _____ Benzodiazepine
- _____ Calcium Ch / Gluconate
- _____ Dopamine
- _____ Furosemide
- _____ Narcotic analgesic
- _____ Sodium Bicarb.

EMT-P Scoring

Total points Section B, C & E = _____

Section D & G: _____ X 15pts = _____

Total Score: _____

Section A, D, F or greater than 40 points
= refusal of approval

_____ **Deficiencies corrected during
Inspection**

Inspection Results

_____ **Approved** _____ **Not Approved**

Comments: _____

Inspector: _____

NCOEMS Ground Vehicle Inspection Report, Effective August 1, 2005

Compliance Inspection:

Type: _____ Ramp _____ Spot _____ Provider Audit

Personnel: _____ Level: _____

#1: _____

#2: _____